

Beacon Health Options – Project ECHO[®]

Opioid Use Disorders

Request for Qualifications



beacon
health options

June 5, 2017

RFQ PROJECT ECHO® (Extension for Community Health Options) – Opioid Use Disorders

Purpose

Beacon Health Options, on behalf of the Connecticut Behavioral Health Partnership is announcing a Request for Qualifications (RFQ) for Project ECHO® – Opioid Use Disorders. The Beacon TeleECHO Project is designed to provide tele-health consultation and education services to qualified Medicaid Program providers who are interested in expanding their knowledge, confidence, and utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorders. A primary goal of the program is to expand access to, and utilization of MAT, particularly Buprenorphine through the provision of education and support to Data 2000 waived providers who are operating well below the prescribing capacity allowed under the waiver. A diversity of provider types (psychiatry, general medicine, APRN, etc.) and settings (mental health clinics, medical practices, methadone, etc.) are desired for participation in the project.

The Connecticut Behavioral Health Partnership (CTBHP) is managed by the Department of Social Services (DSS), the Department of Children and Families (DCF) and the Department of Mental Health and Addiction Services (DMHAS). Beacon Health Options (Beacon) functions as the Administrative Services Organization (ASO) for the CTBHP and provides management of behavioral health services provided under the Connecticut State Medicaid Program. The primary goals of the ASO are to improve the quality, access and efficiency of Medicaid Behavioral Health Services.

Background

Opioid use and death from opioid overdose have reached epidemic proportions in Connecticut and the United States (SAMHSA, 2016; trendct.org, 2017). Between 1999 and 2014 the number of overdose deaths in the United States nearly quadrupled and the CDC reports that on average 78 people die from an opioid overdose each day in this country. Between 1999 and 2013, the rate of drug induced deaths in Connecticut increased by 76.5% and since 2013 the death rate for drug and opioid overdoses in CT has surpassed the national rate. In 2016, 917 people died of an opioid overdose, a 25% increase over the previous year. The US Department of Health and Human Services has outlined a three pronged strategy for addressing the opioid crisis including;

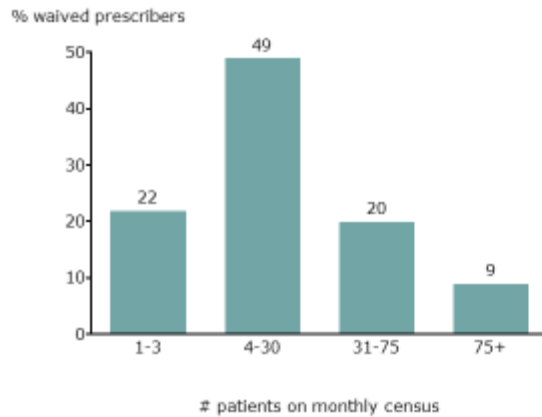
1. Improving opioid prescribing practices
2. Expanding access to and the use of MAT
3. Expanding use of Naloxone

While MAT utilizing Buprenorphine (trade name Suboxone) has been shown to be an evidence based treatment for opioid use disorder, across the nation and Connecticut, access to this type of service is well below the demand created by the current opioid epidemic. Access is restricted by a shortage of Data 2000 Waived Prescribers, lack of waived prescribers in certain underserved geographic areas, as well as the fact that many waived prescribers either do not offer the treatment or are prescribing at rates far below their capacity under the waiver program. The graphic on the following page displays national data on the typical prescribing practices of waived prescribers and illustrates how the number of members served is well below the capacity afforded by the waiver. It has also been demonstrated that there are generally higher rates of opioid overdose deaths in areas where there is less access to MAT for opioid use disorder.

This TeleECHO project is designed as a component of strategy number 2 listed above. The goals include helping to expand the number of waived providers at participating TeleECHO Spokes, and increasing the capacity of existing waived providers through the provision of education, consultation, and support. Beacon is offering free participation in project TeleECHO to qualified providers that agree to the terms of the TeleECHO program.

Physician capacity to treat opioid use disorder with buprenorphine

Buprenorphine-Prescribing Physicians' Monthly Patient Census



- DATA 2000 waiver process **caps the number of patients a prescriber can treat concurrently:**
 - Year 1 – 30 patients
 - Year 2 – 100 patients
 - Year 3+ - 275 patients
- Among waived physicians, median monthly patient census is **only 13 patients**¹
 - 70% physicians prescribe below the first year waiver cap on ongoing basis
- Reasons cited for low patient census' include²: lack of specialty backup, lack of confidence, and time constraints

¹ Stein 2016
² Hutchinson 2014



What is Project ECHO®?

Project ECHO® is a community based public healthcare initiative that facilitates treatment of common yet complex diseases in under-served and rural areas. The goals of Project ECHO® are two-fold:

- Develop capacity to safely and effectively treat complex diseases in rural and underserved locations
- Monitor outcomes centrally to assess effectiveness of the program

First developed by Dr. Sanjeev Arora in New Mexico to better serve individuals with Hepatitis C, the TeleECHO model has been expanded to cover other complex conditions including behavioral health disorders such as ADHD and Opioid Use Disorders.

Project ECHO® has three primary components;

- The TeleECHO Hub
- TeleECHO Spokes
- TeleECHO Support Team


The Beacon TeleECHO Hub is composed of a team of Beacon staff who function as experts on MAT of opioid use disorders and particularly, the prescribing of buprenorphine. The TeleECHO Hub will convene biweekly 1-hour tele-health TeleECHO clinics, providing education, support, and consultation to the TeleECHO Spokes. The TeleECHO Hub team will include some combination of the following; MD

addiction medicine specialist(s), pharmacist, nurse, clinician, case manager, local (CT) based substance use disorder clinician knowledgeable regarding the local community of care, peer, or other relevant specialist. The Hub and Spokes will be linked via ZOOM software that allows the Hub and each Spoke to communicate through video and audio channels. The structure of each Beacon TeleECHO clinic will be the same and consist of two case presentations by TeleECHO Spokes followed by Hub and Spoke discussion, and a brief didactic presentation by the Hub Team on a topic of relevance to the management of members with opioid disorders. Written summaries of the case presentations will be developed by the TeleECHO Hub team and distributed to participating TeleECHO Spokes. The local TeleECHO Spokes will retain responsibility for the clinical management of the members presented during the case presentations and the role of the TeleECHO Hub team will be consultative. No PHI will be shared during case presentations or subsequent discussion or summary. The Beacon TeleECHO Hub bi-weekly clinics will most likely be scheduled during the lunch hour but the day of the week and the time of day are negotiable based on the consensus preference of the TeleECHO Spoke participants. A graphic describing a typical TeleECHO Hub clinic agenda is presented below.

Agenda for a typical bi-weekly teleECHO clinic

12:00-12:05	Hub and Spoke introductions, welcome
12:05-12:25	Case presentation #1: <ol style="list-style-type: none"> 1. Community physician/clinic presents a de-identified patient case (no PHI!) 2. Spokes and hub ask clarifying questions 3. Spokes and hub provide treatment recommendations
12:25-12:45	Case presentation #2: <ul style="list-style-type: none"> • Same format as above
12:45-12:55	Didactic lecture on topic related to OUD treatment/MAT <ul style="list-style-type: none"> • Examples: types of MAT and treatment considerations, evidenced-based adjunct therapies, motivational interviewing
12:55-1:00	Closing Q&A / wrap-up

Cases are highly interactive, clinically-focused, and respectful


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The TeleECHO Spokes will consist of up to ten local clinics, provider groups, group practices, or other settings employing multiple trained Data 2000 Waived eligible Buprenorphine prescribers that are CMAP practitioners authorized to bill Connecticut Medicaid. Up to eight staff at each TeleECHO Spoke may participate in each TeleECHO clinic including waived prescribers and other staff involved in the care and treatment of members with opioid use disorders (nurses, clinicians, care managers, non-waived physicians, etc.). TeleECHO Spoke teams are expected to make a commitment of up to 4 hours per month for participation in the Beacon Project ECHO®: two hours for the biweekly clinic participation, plus two hours for the development, submission, and follow-up on cases presented during the clinic. Each TeleECHO spoke team may have a variety of participants attending the TeleECHO clinics from session to session although there is expected to be consistency of attendance by a core group of TeleECHO clinic participants from each TeleECHO Spoke, particularly among the waived providers.

The **TeleECHO Support Team** is composed of Beacon employees that work for Beacon's Corporate Division and those that work locally in Beacon's Connecticut Engagement Center. The TeleECHO Support team manages and oversees the Beacon Project ECHO® through the provision of training to TeleECHO Hubs and Spokes, scheduling, organization, and facilitation of TeleECHO clinic meetings, maintenance and troubleshooting regarding use of the ZOOM telehealth interface, tracking/assigning/distributing written case presentations, overseeing the collection of a brief Spoke data form to identify satisfaction, knowledge gained, and changes in prescribing practices, as well as other facilitating activities.

Program Commitments and Requirements

Beacon Health Options Agrees to the following;

- Select TeleECHO Spoke participants based on the criteria outlined below
- Provide orientation and training to selected TeleECHO Spoke participants
- Manage and facilitate the TeleECHO Clinic process and troubleshoot problems as necessary
- Maintain a team of experts (the Hub) in the treatment and medical management of opioid use disorder
- Convene and facilitate biweekly TeleECHO Clinics
- Provide written feedback on the case presentations reviewed at TeleECHO Clinics
- Review patient cases presented by clinicians at partnering clinics and provide timely, written discussion summaries
- Offer regular didactic presentations on a wide range of disease state and medicine specialties
- Provide routine, remote IT user support to facilitate connectivity and participation
- Offer special curricula and training opportunities in various disease states and models of care delivery
- Be available when possible outside of teleconference times for emergent questions or issues, as necessary to all TeleECHO participants

Selected Spoke Participants Agree to the following;

- Participate in biweekly TeleECHO conferences by presenting cases, providing comments, and asking questions
- De-identify cases prior to presenting
- Invite others from his/her location to participate (we encourage participation by multi-level teams, including a nurse, social worker, other midlevel practitioners, Community Health Worker when possible)
- Consistently attend TeleECHO Clinics over a minimum period of approximately 6 months
- Provide clinical updates and de-identified outcome data on patients as needed
- Understand that the patient's treating provider who presents the case will maintain that role of treating provider responsible for the patient's care. TeleECHO case consultations do not create or otherwise establish a provider-patient relationship between any Beacon Health Options hub member and any patient whose case is presented in a TeleECHO setting.
- Fill out periodic surveys to help us improve our services to clinicians and other partners

Goals and TeleECHO Spoke selection criteria

Goals

The primary goals of the Beacon Project ECHO® for Opioid Use Disorders are;

1. Enhance the statewide access to Buprenorphine and other MAT options for opioid use disorder
2. Increase the number of members served within the existing capacity of each TeleECHO Spoke's participating prescribers
3. Increase the number of waived prescribers employed by each of the TeleECHO Spoke participants
4. Achieve the best geographic distribution of TeleECHO participants possible to best serve the state
5. Enhance TeleECHO Spoke prescriber and program confidence in their ability to effectively treat opioid use disorders with MAT
6. Enhance TeleECHO Spoke prescribers and other program participant's knowledge of best practice in providing MAT to members with opioid use disorder
7. Enhance TeleECHO Spoke prescribers and other program participant's knowledge of local substance use disorder treatment resources, supports, and providers
8. Include a diversity of TeleECHO Spoke participants in terms of the practice setting (behavioral health clinic, substance use disorder clinic, methadone clinic, medical group practice, FQHC, etc) provider type and specialty (psychiatry, general medical practitioner, APRN, etc.), and populations served (adults, adolescents, recent completers of withdrawal management programs, etc.).
9. Target for participation in the TeleECHO Project, those practice groups or clinics that have the most unutilized MAT capacity among their waived prescribers

TeleECHO Spoke selection criteria:

1. Employ two (2) or more Data 2000 Waived Prescribers and/or have one (1) waived prescriber and are on track to have two (2) or more by the time of the first TeleECHO Clinic session (wave 1 is anticipated to occur during July of 2017, other waves may begin later in 2017). Applicants must submit the names and qualifications of all waived prescribers, those currently or soon to be enrolled in DATA 2000 Training, and other staff that will participate in the TeleECHO Clinics. All waived prescribers and those in training are CMAP enrolled and eligible to bill Medicaid.
2. Have demonstrated a commitment to serving members with opioid use disorders and expanding their capacity for and/or utilization of existing MAT waived prescriber capacity
3. Have an understanding of the principles of Recovery from substance use and demonstrate a capacity to deliver Recovery oriented care
4. Submit and agree to all components of the Statement of Collaboration (SOC) signed by a duly authorized representative of the organization
5. Agree to regularly participate in TeleECHO Clinic sessions through the established TeleECHO interface and to convene all members of their TeleECHO Spoke team in a single location for the purpose of participating in the TeleECHO Clinic sessions
6. Has a facility (conference room) that is equipped with the following; System requirements; Internet connection (broadband wired or wireless at 3G or 4G/LTE), a computer with speakers and a microphone (can be substituted by phone if not integrated with computer), a Webcam, and one of the following operating systems (MacOS 10.6.8 or later, Windows 7 or later), and one of the following supported browsers (Safari5+, Firefox, Chrome or IE7+ Windows only).
7. Meets one or more criteria regarding the desired setting, provider type and specialty, and population served as listed above under **Goals, bullet #8**

Schedule

The following schedule has been defined to solicit multiple competitive responses, select the most qualified participants according to the project goals and selection criteria, and start the project within a short time period. All submissions that meet minimal submission requirements (on time, complete, and in the required format) will be scored. In addition to the total score, other criteria, such as geographic coverage, diversity of provider type and setting, etc., will be used to rank submissions and select those for participation in the first wave. A total of 8-10 submissions will be included as ECHO® Spokes in the first wave of ECHO® clinics. The remaining submissions will be kept on a waiting list for participation in subsequent waves. As first wave participants complete the program others on the list will be invited to participate.

1. RFQ release date	June 5 2017
2. Qualification Submission Due Date	June 16, 2017
3. Qualifications Submission Time of Day Due	2:00 PM
4. Anticipated Date for Identifying first wave participants	June 21, 2017
5. Training begins for selected first wave TeleECHO Spokes	July of 2017
6. First TeleECHO Clinic convene during	July of 2017
7. TeleECHO Clinics convene through	July of 2018
8. Second and third wave participants join ECHO as earlier waves complete	Ongoing

In order to expedite this procurement, there is no specific time period provided in the timeline for questions and answers.

RFQ Submission Questions

Responses received on time in the manner specified and the format required will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the responses. The answers to the questions listed below will be used to evaluate proposals for a total of 100 points: Applicants should use the provided RFQ Response Outline (**Attachment B**) in preparing their responses.

- 1. Cover Sheet (5 Points): Provide the information as required on the Cover Sheet (Attachment A)**
- 2. Agency Overview, Mission and Philosophy (15 points):** Provide an overview of your organization including the type of practice setting, geographic location or locations, and your agency's mission and philosophical beliefs related to Medication Assisted Treatment of individuals with opioid use disorders. Please demonstrate your organizations commitment to and intention/plan to expand the use of MAT for opioid use disorders. Please also describe other MAT that your organization may already be providing.
- 3. Organization Staffing (40 points):** Please describe the staff that will participate in the TeleECHO Clinic. For MDs and APRNs please provide their name, status regarding the Data 2000 Waiver Training, their current waiver total capacity (based on how long they have been a waived provider), the average number of members on their monthly MAT buprenorphine caseload over the past six

months, their provider type and specialty, their National Provider Identification Number (NPI), and their degree and specialty. Please also provide the names and qualifications of other staff that will participate in the TeleECHO Clinic if your organization is selected.

4. **Principles of Recovery (10 points):** Please describe your understanding of the principles of Recovery from substance use and demonstrate your organizations capacity to deliver Recovery oriented care.
5. **Facilities/Equipment (10 points):** Please describe the location and capacity (number of persons comfortably accommodated) of the conference room or other space that will be used to convene your local TeleECHO Spoke team if selected. Please demonstrate how you will meet the technological/equipment requirements that are described under the selection criteria under bullet #7.
6. **Statement of Collaboration (20 Points):** Please submit a copy of the Statement of Collaboration form (Appendix C) signed by a duly authorized representative of your organization. Please also demonstrate your organizations level of commitment to regularly attend scheduled TeleECHO Clinics and to bring all participating staff together in the same physical location for this purpose.

Electronic email responses submitted as attached Word or PDF files are due to the Beacon Health Options CT office by June 16th at 2:00 PM. Responsibility for timely delivery rests with the Provider. The Provider should email to Jessica.Funke@Beaconhealthoptions.com and list **CT-ECHO-RFQ**, **exactly as written** in the subject line. If **CT-ECHO-RFQ** is not in the subject line the submission may be excluded from consideration for project participation.

Jessica.Funke@Beaconhealthoptions.com

ATTACHMENT A

Date: _____

Please be advised that our agency is submitting a response for:
Beacon ECHO Project – Opioid Use Disorders
Request for Qualifications

AGENCY NAME:
AGENCY ADDRESS:
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

Please submit this cover page and a RFQ response that answers all questions referenced in the Request and listed in Attachment B and includes a signed Statement of Collaboration (Attachment C). Please submit your response electronically in the required format by email with a subject line of CT-ECHO-RFQ to:

Jessica.Funke@Beaconhealthoptions.com

Within 24 hours of receiving an emailed RFQ response applicants will receive a return email noting the date and time their submission was received.

ATTACHMENT B

RFQ Response Outline

1. Cover Sheet
2. Agency Overview, Mission and Philosophy
3. Organization Staffing
4. Principles of Recovery
5. Facilities/Equipment
6. Statement of Collaboration

Submitted applications must conform to the following format requirements:

Submission Format	Submit 10 clipped copies
Font Size	12 pt
Font Type	Times New Roman
Paper Size	8.5 inch x 11 inch (portrait)
Margins	1 inch all sides
Line Spacing	Double

Submissions may not exceed a total of 5 pages excluding the cover page and Statement of Collaboration. Submissions exceeding the maximum page limit will not be considered for participation.

ATTACHMENT C



STATEMENT OF COLLABORATION: OUTLINING PROJECT ECHO® COLLABORATIONS WITH COMMUNITY PARTNERS

Description of Project ECHO®

The mission of Project ECHO® (Extension for Community Healthcare Outcomes) at Beacon Health Options (Beacon) is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment. In pursuit of this mission, Project ECHO® faculty, staff and partners have dedicated themselves to de-monopolizing knowledge in order to expand access to best-practice medical care across the United States and globally.

Commitment to Collaboration – Project ECHO®

In the spirit of collaboration, Beacon Project ECHO® is committed to working with community partners. Beacon Project ECHO® offers to do the following:

1. Review patient cases presented by clinicians at partnering clinics and provide timely, written discussion summaries.
2. Offer regular didactic presentations on a wide range of disease state and medicine specialties.
3. Provide routine, remote IT user support to facilitate connectivity and participation.
4. Offer special curricula and training opportunities in various disease states and models of care delivery.
5. Be available when possible outside of teleconference times for emergent questions or issues, as necessary.

KEY PROJECT ECHO® STAFF WHO ARE YOUR PARTNERS AT BEACON ARE LISTED BELOW:

Name	Role/Title	Phone	Email
Heather Lober	Clinic Coordinator	(602) 705-9955	heather.lober@beaconhealthoptions.com
Madeline Wharton	Clinic Coordinator/ IT liaison	(617) 747-1103	madeline.wharton@beaconhealthoptions.com
Dr. Steven Bentsen	Facilitator	(919) 379-9786	steven.bentsen@beaconhealthoptions.com
Dr. Elisabeth Hager	Facilitator	(585) 301-8977	elisabeth.hager@beaconhealthoptions.com
Sandra Quinn	CT hub specialist	(860) 263-2070	sandra.quinn@beaconhealthoptions.com
Erika Sharillo	CT hub specialist	(860) 263-2088	erika.sharillo@beaconhealthoptions.com



Commitment to Collaboration – Community Partner In the spirit of collaboration, (Client name/Account name)

is committed to working with Project ECHO®. In this regard, Client understands that their participating providers will

1. Participate in biweekly teleECHO™ conferences by presenting cases, providing comments, and asking questions.
2. De-identify cases prior to presenting.
3. Invite others from his/her location to participate (we encourage participation by multi-level teams, including a nurse, social worker, other midlevel practitioners, Community Health Worker when possible).
4. Provide clinical updates and de-identified outcome data on patients as needed.
5. Understands that the patient's treating provider who presents the case will maintain that role of treating provider, responsible for the patient's care. Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any Beacon Health Options hub member and any patient whose case is presented in a Project ECHO setting.
6. Fill out periodic surveys to help us improve our services to clinicians and other partners.

Client representative name (printed): _____

Client representative signature: _____

Client representative title/position: _____

Date: _____
